



BOROUGH OF DELAWARE WATER GAP

49 MAIN STREET, PO BOX 218
DELAWARE WATER GAP, PA 18327
Phone: 570-476-0331 Fax: 570-476-0380 Email: dwgboro@ptd.net

APPLICATION FOR A ZONING PERMIT

Application is hereby made for a Permit in conformity with the requirements of the Zoning Ordinance # 157 of Delaware Water Gap and any amendments thereto for the following described work:

Property Location: _____ Tax I.D. or PIN # _____

Located in _____ Residential Zone _____ Commercial District Zone
(R-1 or R-2) (VC-1 or VC-2)

The undersigned applicant hereby applies for a permit (One permit application for each proposed project):

Check off one:

- _____ Erect a new structure
- _____ Add to an existing structure
- _____ Alter an existing structure
- _____ Erect a sign
- _____ Paving a driveway
- _____ Change of Use
- _____ Other

To occupy or use for (time limit) _____
Estimated cost of proposed work \$ _____

**Name & Address of Third Party Agency performing the
Uniform Construction Code (UCC) Inspection (s):**

CHANGE OF USE:

EXISTING

PROPOSED

PRESENT USE OF PROPERTY:

_____ Family (s) _____
_____ Stories _____
_____ Material _____
_____ Type _____
_____ Office _____
_____ Other _____

Provide a complete dimensioned plan of the lot showing proposed work and/or existing structure on a separate sheet or on the reverse side of this application.

Use (residential or commercial) on adjoining lot (s): _____

Property Owner _____ Address _____

Lessee's Name _____ Address _____

Contractor/ Builder _____ Address _____

Print Name of Applicant

Signature of Applicant

Contact Phone #

Date

NOTE: Unless there has been substantial progress in the work for which a Zoning Permit was issued, as determined by the Zoning Officer, said Permit shall expire one year from the date of issue.

OFFICE USE ONLY: Fee Amount, Check # _____ Date Paid: _____

THIS PORTION TO BE COMPLETED BY THE MUNICIPAL SEWER AUTHORITY

This is to certify that we have reviewed the Zoning Application of _____

Property location _____

Builders Name & Address _____

Signature of DWG Municipal Authority Chairperson

Date